

Regional School Unit # 19

PROFESSIONAL LEAVE REQUEST

THIS FORM MUST BE SUBMITTED TWO WEEKS IN ADVANCE

(Attendance at Conferences, Workshops, or School Visitations)

SECTION I - To be completed by Staff Member

Staff Member _____ Date _____ School _____

(Please Print)

Workshop/Visitation/or Conference Place: _____

Date(s)/Time: _____

Purpose of visitation/workshop and/or conference: _____

All registration materials *MUST* accompany this request. Please include the following if it applies: Allergies, meals, sessions. *If NOT COMPLETE*, the form will be *RETURNED*.

PLEASE COMPLETE THE FOLLOWING:

Expense Amount: _____

Transportation: _____

Registration: _____

Lodging: _____

Meals: _____

Other: _____ ESTIMATED TOTAL COST: _____

SECTION II - To be completed by Central Office

LEVEL:

___ District

___ High School

___ Adult Ed

___ Sebasticook Valley Elementary

___ Somerset Elementary

___ Etna

___ Middle School

IMPACT \$\$\$

___ District

___ School

___ Transportation

___ Food Services

COST

GRANT ___Y___N

NAME OF GRANT

SECTION III - To be completed by ADMINISTRATOR/SUPERVISOR

Approved ___ Yes ___ No ___ Administrator/Supervisor Signature _____

SECTION IV - To be completed by Superintendent/Supervisor

Approved ___ Yes ___ No ___ Administrator/Supervisor Signature _____